Annual Enrollment 2027 Frequently Asked Questions

When and where can I make my elections for 2027

Q. What is Annual Enrollment?

A. Annual Enrollment is the one time of year when employees have an opportunity to make benefit changes for the upcoming year. If you don't make changes during Annual Enrollment, your current benefits will roll over except for your Flexible Spending Account and Health Savings Account elections, which reset to $0 if no election is made. Outside of Annual Enrollment, you won't be able to make changes again until Annual Enrollment for 2028 unless you have a qualified life event such as getting married, having a child, or losing other coverage.

Q. When is Annual Enrollment?

A. Annual Enrollment begins October 15 and goes through November 6, 2027.

Q. How do I enroll?

A. You can enroll online at https://netbenefits.com/northropgrumman or by calling the Northrop Grumman Benefits Center (NGBC) at 800-894-4194, Monday – Friday, 8:30 a.m. to Midnight ET.

New Anthem Coupe Copay Plan

Q. How does the Anthem Coupe Copay Plan work?

A . With the Coupe Copay Plan, you pay a copay for every in-network, covered service. So, when you go to the doctor, you will pay a flat-dollar copay for that visit, which includes any labs or X-rays. Your copay is based on the quality of the provider you see, indicating doctor and facility quality, safety, and cost efficiency.

- Green (Preferred): Highest-value care with the lowest copays
- Gray (Standard): Average-value care with mid-range copays
- Yellow/Red (Non-Preferred): Lower-value care with the highest copays

As an example, in an office visit, if routine labs or imaging are part of the visit, these can be included under one bundled copay for that visit. Some services, including advanced imaging or services performed at a separate time or location, will have their own, separate copay.

It is important to note that emergency (ER) and urgent care are NOT rated with Coupe. There are single copays for these services - regardless of the site of care - because we want you to get to care as quickly as possible.

Preventive care is covered at 100% on the Coupe copay plan, as with all the other Anthem plans, and prescription drug coverage is through Express Scripts, as with all the other Anthem plans.

Q. How do I determine what I will have to pay when I go to the doctor?

A. You can check the Coupe Health portal or app before your visit. Before you enroll, you can check providers and copays at https://employers.coupehealth.com/northropgrumman. You can also see the

full list of covered services and copays by coverage tier in the Summary of Benefits and Coverage on Total Rewards Gateway.

Q. How much is the premium out of my paycheck for the Anthem Coupe Copay Plan?

A. The premium for the Anthem Coupe Copay Plan is between the High Premium/Low Deductible Plan and the Medium Premium/Medium Deductible Plan. Because your premium is based on your salary, log in to NetBenefits to compare the cost of all the medical plan options applicable to you when you enroll.

Q. Is there an annual deductible and out-of-pocket maximum for the Anthem Coupe Copay Plan, and do all copays count toward it?

A. The Anthem Coupe Copay Plan has no deductible. The individual out-of-pocket maximum is $4,500; the family out-of-pocket maximum is $9,000 annually. A single member will never exceed the annual $4,500 individual out-of-pocket maximum for in-network covered services. The annual out-of-pocket maximum includes any in-network copays for covered medical services, in addition to any covered prescription copays.

Q. How does the Anthem Coupe Copay Plan measure provider quality?

A. Benchmarks are determined by a Coupe proprietary algorithm that evaluates in-network providers using a broad national dataset across 45 distinct performance metrics. The algorithm analyzes provider behavior across three standards:

Quality: considers providers' absolute medical competence and actual patient results

- *Training / Certifications*: verification of medical school, board certifications, and advanced specializations
- *Clinical Outcomes*: tracking of patient recovery metrics, complication rates, and successful treatment histories for specific conditions
- *National Quality Measures*: alignment with industry-standard health guidelines, such as HEDIS (Healthcare Effectiveness Data and Information Set) metrics that track things like effective disease management and proper cancer screenings

Appropriateness of Care: tracks *how* a provider practices medicine

- *Utilization Patterns*: algorithm checks if a provider orders an excessive number of unnecessary tests, imaging (like MRIs), or follow-up visits compared to peers treating the exact same condition
- *Evidence-based Medicine*: providers are evaluated on whether their treatment plans strictly align with accepted, peer-reviewed clinical guidelines rather than outdated or unproven methods

Cost-efficiency: measures overall cost it takes for a provider to achieve a successful clinical outcome, compared to the broader local and national market

- *Total Cost of Care*: Not to be confused with finding the "cheapest" doctor or cutting provider contract rates. Instead, it recognizes that better clinical outcomes naturally lower the overall cost of treatment by preventing expensive complications, hospital readmissions, or repeated procedures

- Providers who deliver top-tier outcomes with minimal wasted medical spend are flagged as highly cost-efficient

Q. Can I stay in my current medical plan?

A. Yes. We know choice is important, so all other Anthem plans (and Kaiser where available) remain available.

Q. How does the TRICARE supplement work under the new structure?

A. The Anthem Coupe Copay plan through Northrop Grumman would be primary to the TRICARE supplement plan (please note that the member must also be enrolled in TRICARE itself). *Disclaimer*: The supplement is not automatically a third payer for every claim. Many TRICARE Supplement policies are designed specifically to reimburse certain TRICARE-related out-of-pocket expenses.

Q. Am I able to contribute to my Health Savings Account (HSA) if I enroll in the Anthem Coupe Copay Plan?

A. No, the Anthem Coupe Copay Plan is not a high deductible health plan, so members cannot contribute to an HSA if they have the Anthem Coupe Copay Plan. The IRS defines eligibility for an HSA and the main requirement is the plan has to have a minimum deductible – because the Coupe Copay plan doesn't have a deductible, it doesn't meet the IRS eligibility requirements. Existing HSA balances can still be used if you enroll in the Anthem Coupe Copay Plan. The Anthem Coupe Copay Plan is eligible for a Flexible Spending Account (FSA).

Q. Am I still eligible for the $500 Well-being Incentive if I enroll in the Anthem Coupe Copay Plan?

A. Yes, you are still eligible for the Well-being Incentive Program if you enroll in the Anthem Coupe Copay Plan. The incentive will be awarded in your paycheck as taxable income.

Q. Can I still use VIDA, Sword, LiveHealth Online, Rx Savings Solutions and/or Progyny if I enroll in the Anthem Coupe Copay Plan?

A. You are still eligible for the same Anthem programs if you enroll in the Anthem Coupe Copay Plan. These programs include Progyny, Vida, Sword (Virtual PT and Pelvic Health), LiveHealth Online and Rx Savings Solutions at no additional cost to you.

Q. Who can I contact to get additional information about the Anthem Coupe Copay Plan?

A. If you have additional questions - specific to you or your family - please reach out to the Coupe Health Valet Team by calling 1-844-870-0616 (8:00 AM – 8:00 PM EST). .

Express Scripts Pharmacy Benefits

Q. Where can I get my prescriptions filled?

A. You can fill your prescriptions at any of the 64,000 pharmacies in the Express Scripts network. If you want to continue to fill your prescriptions at a CVS pharmacy, they are in the Express Scripts network. You can continue to pick up your prescriptions at CVS, but you no longer have to fill your 90-day prescriptions at CVS.

Q. Will existing prescriptions and prior authorizations (including specialty) transfer automatically?

A. Yes, any open refills and active prior authorizations that CVS Caremark has will be transferred to Express Scripts on your behalf.

Q. Will my monthly costs change, and how can I check and compare prices at different pharmacies?

A. Visit https://www.express-scripts.com/NorthropGrumman to find pharmacies and compare prices. On or after Jan. 1, 2027, register on https://www.express-scripts.com or on the ESI mobile app to be able to price medications under the medical plan you are enrolled in.

Q. How can I contact Express Scripts for more information?

A. You can contact Express Scripts agents at 1-877-814-9208 for specific pharmacy and prescription questions.

MetLife Dental

Q. Will MetLife have the same coverage as Delta Dental?

A. Yes. The same plans and covered services associated with those plans will be offered by MetLife Dental.

Q. How do I know if my dentist is in-network with MetLife?

A. To verify if your dentist is in-network:

- Visit https://www.metlife.com/info/ngc/benefits/dental-insurance/
- Scroll to Find a Dentist and click Search
- Select "**PDP Plus**" as your network
- Enter your zip code and dentist's name (optional), and click Find

Q. Will orthodontia lifetime maximums reset or carry over, and what happens to treatments already in progress?

A. Your orthodontia lifetime maximum does not reset. Payment history and treatment plan information will be transferred from Delta Dental to MetLife before Jan. 1, 2027. Your dental office will then need to submit a claim to MetLife after Jan.1, 2027. MetLife will prorate the remaining benefits (up to the lifetime maxmum) and pick up the remaining payments.

Q. Are adult orthodontia, implants, TMJ, and extra cleanings covered—and at what coinsurance?

A. Please see the dental coverage and coinsurance below:

- Orthodontia is covered under the Dental Care Plus plan with a 50% coinsurance.
- TMJ is covered under the Dental Care and Dental Care Plus plans with a 50% coinsurance.
- Implants are covered under the Dental Care and Dental Care Plus plans with a 50% coinsurance.

- Extra cleanings are covered for employees with certain medical conditions: Heart Disease, Stroke, Diabetes, Pregnancy, Chronic Kidney Disease, Organ Transplants, Head & Neck Cancer Radiation, Hypertension, Thyroid Disease, Sjogren's Syndrome.

Q. Where can I find 2027 dental plan summaries and detailed dental coverage information?

A. Dental plan summaries can be found on the MetLife Dental microsite at www.metlife.com/info/ngc/. Additional information can also be found on MyBenefits at www.metlife.com/mybenefits.

Q. How can I contact MetLife Dental for more information?

A. You can contact the MetLife team at 855-488-0521 for personalized support.